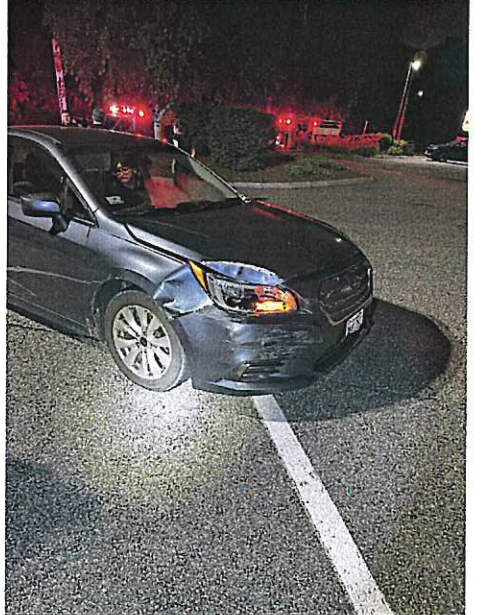
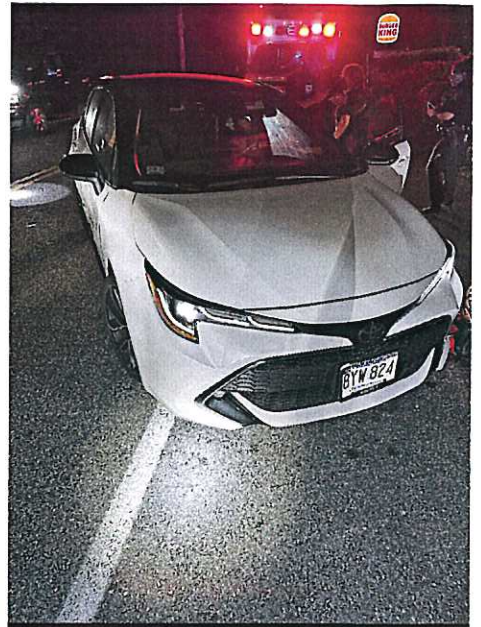


Wilmington Police Department
Images Associated with 23-210-AC



Date of Crash 07/10/2023	Time of Crash 0910 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 0	Speed Limit 10	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other: <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____ _____ Feet N S E W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet N S E W of _____ Landmark _____
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-211-AC**

License # _____ St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Operator PHAT, VANARITH Address 254 BEACON ST City LOWELL State MA Zip 01850-2562 Insurance Company ALLSTATE INSURANCE COMPAN Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 4EVC38 Reg Type PC Reg State MA Veh Year 2018 Veh Make Jeep Veh Config. 1 Owner PHAT, VANARITH Address 254 BEACON ST City LOWELL State MA Zip 01850-2562 Vehicle Action Prior to Crash 11 Event Sequence 1 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	XXXX	1	0	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St MA DOB/Age _____ Sex M Lic. Class D Lic. Restrictions 1 CDL _____ Operator ORTIZ, CARLOS GUZMAN Address 76 S RIVERVIEW ST APT 3 City HAVERHILL State MA Zip 01835-6968 Insurance Company GEICO GENERAL INSURANCE C Vehicle Travel Direction: N X E W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 4FVV28 Reg Type PC Reg State MA Veh Year 2020 Veh Make FORD Veh Config. 1 Owner ORTIZ, CARLOS GUZMAN Address 76 S RIVERVIEW ST APT 3 City HAVERHILL State MA Zip 01835-6968 Vehicle Action Prior to Crash 11 Event Sequence 1 23 23 23 Most Harmful Event 1 24 Driver Contributing Code 1 25 25 Driver Distracted by 0 26
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	XXXX	1	0	1	0	0	10	1	

Date of Crash 07/10/2023	Time of Crash 0910 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 3	Number Injured 0	Speed Limit 10	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # _____ 17 JONSPIN RD</p> <p style="text-align: center;">Name of Roadway/Street</p> <p>_____ Feet N S E W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet N S E W of _____</p> <p>_____ Feet N S E W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle **31** #Occupants Hit/Run Moped Crash Report ID# **23-211-AC**

License MI DOB/Age _____ Sex M Lic. Class A Lic. Restrictions 1 CDL T Operator BROWN, LARRY LASHAWN Address 4454 SEAWAY DR City LANSING State MI Zip 48911 Insurance Company GEI Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # 3303879 Reg Type AP Reg State IN Veh Year 2017 Veh Make _____ Veh Config. 11 Owner PANTHER II TRANSPORTATION Address 4877 ADAMS CENTER RD City FORT WAYNE State IN Zip 46806 Vehicle Action Prior to Crash 4 Event Sequence 2 23 23 23 23 Most Harmful Event 2 24 Driver Contributing Code 1 25 25 Driver Distracted by 99
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **4** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class _____ Lic. Restrictions _____ CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Event Sequence 23 23 23 23 Most Harmful Event 24 Driver Contributing Code 25 25 Driver Distracted by 26
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1							

Commonwealth of Massachusetts

Police Use Only

RMV Document Number

Date of Crash 07/12/2023 Time of Crash 1212 City/Town **Wilmington**

Motor Vehicle Crash Police Report

Number Vehicles 2 Number Injured 0 Speed Limit 30
Latitude _____ Longitude _____
State Police Local Police
MBTA Police Campus Police Other: _____

AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

MAIN ST
Route# _____ Direction _____ Name of Roadway/Street _____
At _____
CHURCH ST
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____
Also at Intersection with _____
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____

Route# _____ Direction _____ Address # _____ Name of Roadway/Street _____
Feet [N] [S] [E] [W] of _____ or _____
Mile Marker _____ Exit Number _____
Feet [N] [S] [E] [W] of _____
Route# _____ Intersecting Roadway/Street _____
Feet [N] [S] [E] [W] of _____
Landmark _____

Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped

Crash Report ID# **23-212-AC**

License # _____ St **MA** DOB/Age _____
Sex **F** Lic. Class **D** Lic. Restrictions **1** CDL _____
Operator **PEAFF-BORGES, GINDY M**
Address **26 WILLIAM RD**
City **BILLERICA** State **MA** Zip **01821-6079**
Insurance Company **THE COMMERCE INSURANCE CO**
Vehicle Travel Direction: N E W Responding to Emergency? **2**
Citation # (If Issued) _____
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Reg # **2PPM81** Reg Type **PC** Reg State **MA**
Veh Year **2011** Veh Make **Jeep** Veh Config. **1**
Owner **PEAFF-BORGES, GINDY M**
Address **26 WILLIAM RD**
City **BILLERICA** State **MA** Zip **01821-6079**
Vehicle Action Prior to Crash **2** Damaged Area Code: **1** **27** **2** **27** **27**
Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Most Harmful Event **1** **24** Type of Test: **29**
Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**
Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **2** **33**

Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator				1	99	4	0	0	10	1	
LISA TOPPING	20 ALBION RD BILLERICA, MA 01821-5633		F	3	99	4	0	0	10	1	

Please Select One of the Following: Vehicle 21 #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

Reg # **97303** Reg Type **AM** Reg State **MA**
Veh Year **2016** Veh Make **Mack Truck** Veh Config. **13**
Owner **WILMINGTON BUILDERS SUPPLY CO**
Address **334 MAIN ST**
City **WILMINGTON** State **MA** Zip **01887-2725**
Vehicle Action Prior to Crash **2** Damaged Area Code: **0** **27** **27** **27**
Event Sequence **1** **23** **23** **23** **23** Test Status: **1** **28**
Most Harmful Event **1** **24** Type of Test: **29**
Driver Contributing Code **19** **25** **25** BAC Test Result: **1** **30**
Driver Distracted by **0** **26** Susp. Alcohol: **2** **31** Susp. Drug: **2** **32**
Towed from scene? **2** **33**

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist				1	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-212-AC



Date of Crash 07/12/2023	Time of Crash 1600 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 1	Number Injured 0	Speed Limit 10 Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other <input type="checkbox"/>
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____ At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 1 Name of Roadway/Street BURNAP ST</p> <p>_____ Feet N S E W of _____ • _____ or _____ Exit Number _____ Mile Marker _____</p> <p>_____ Feet N S E W of _____ Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet N S E W of _____ Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped Crash Report ID# **23-213-AC**

License # _____ St MA DOB/Ag _____ Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____ Operator: TAYLOR, ZACHARY Address 1 ADELAIDE ST City WILMINGTON State MA Zip 01887-1852 Insurance Company SELF INSURED Vehicle Travel Direction: N S X W Responding to Emergency? 2 Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # MF86B Reg Type DC Reg State MA Veh Year 1996 Veh Make _____ Veh Config. 97 21 Owner: WILMINGTON TOWN OF FIRE DEPT Address 121 GLEN RD City WILMINGTON State MA Zip 01887-3500 Vehicle Action Prior to Crash 4 22 Damaged Area Code: 7 27 27 27 Event Sequence 35 23 23 23 23 Test Status: 1 28 Most Harmful Event 35 24 Type of Test: 29 Driver Contributing Code 1 25 25 BAC Test Result: 1 30 Driver Distracted by 0 26 Susp. Alcohol: 2 31 Susp. Drug: 2 32 Towed from scene? 2 33
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License # _____ St _____ DOB/Ag _____ Sex _____ Lic. Class 19 19 Lic. Restrictions 20 CDL _____ Operator: _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: N S E W Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. 21 Owner: _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash 22 Damaged Area Code: 27 27 27 Event Sequence 23 23 23 23 Test Status: 28 Most Harmful Event 24 Type of Test: 29 Driver Contributing Code 25 25 BAC Test Result: 30 Driver Distracted by 26 Susp. Alcohol: 31 Susp. Drug: 32 Towed from scene? 33
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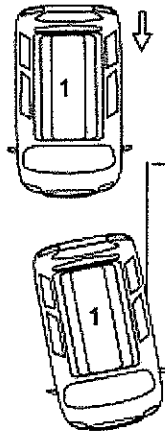
Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	X	1							

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 O X O = Pedestrian ☺ = Bicycle

Crash Diagram:

ie: → 1 → 2 → O X O → ☺

Silver Lake Parking Lot



If Crash Did Not Occur on a Public Way:

- Off-Street Parking Lot
- Garage
- Mall/Shopping Center
- Other Private Way

Indicate North by Arrow



Crash Narrative:

MV 1 was attempting to turn left onto Burnap Street after leaving the Silver Lake Parking Lot. Operator struck the town owned wooden gate. No injuries.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrol Officer Kevin J Skinner 200 Wilmington Police Department 07/12/2023
 Police Officer Name (Please Print) Signature ID/Badge # Department Precinct/Barracks Date

Wilmington Police Department
Images Associated with 23-213-AC



Date of Crash 07/13/2023	Time of Crash 0845 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>40</u> Latitude _____ Longitude _____	<input type="checkbox"/> State Police <input type="checkbox"/> Local Police <input type="checkbox"/> MBTA Police <input type="checkbox"/> Campus Police <input type="checkbox"/> Other
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AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

Route# _____ Direction _____ Name of Roadway/Street _____ At _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____ Route# _____ Direction _____ Name of Intersecting Roadway/Street _____	Route# _____ Direction _____ Address # <u>162</u> Name of Roadway/Street <u>LOWELL ST</u> _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____ Mile Marker _____ Exit Number _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Route# _____ Intersecting Roadway/Street _____ _____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Landmark _____
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Please Select One of the Following: Vehicle 1 #Occupants Hit/Run Moped Crash Report ID# **23-214-AC**

License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>GALDAMEZ, RAUL</u> Address <u>32 BOLSTER ST APT 2</u> City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-0000</u> Insurance Company <u>PLYMOUTH ROCK ASSURANCE C</u> Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>474J50</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2014</u> Veh Make <u>TOYOTA</u> Veh Config. <u>2</u> Owner <u>GALDAMEZ, RAUL</u> Address <u>32 BOLSTER ST APT 2</u> City <u>EVERETT</u> State <u>MA</u> Zip <u>02149-0000</u> Vehicle Action Prior to Crash <u>1</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>9</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXX	XX	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> Lic. Restrictions <u>1</u> CDL _____ Operator <u>MITCHELL, EDWARD E</u> Address <u>26 CRESCENT ST APT 101D</u> City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880</u> Insurance Company <u>GEICO GENERAL INSURANCE C</u> Vehicle Travel Direction: <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> W Responding to Emergency? <u>2</u> Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____	Reg # <u>1FB86</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2006</u> Veh Make <u>CHEVROLET</u> Veh Config. <u>1</u> Owner <u>MITCHELL, EDWARD E</u> Address <u>26 CRESCENT ST APT 101D</u> City <u>WAKEFIELD</u> State <u>MA</u> Zip <u>01880</u> Vehicle Action Prior to Crash <u>3</u> Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Most Harmful Event <u>1</u> <u>24</u> Driver Contributing Code <u>99</u> <u>25</u> <u>25</u> Driver Distracted by <u>0</u> <u>26</u>
--	--

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXX	XX	1	1	4	0	0	10	1	

Date of Crash: 07/13/2023 | Time of Crash: 1406 24HR | City/Town: **Wilmington** | **Motor Vehicle Crash Police Report** | Number Vehicles: 2 | Number Injured: 0 | Speed Limit: 30 | Latitude: | Longitude: | State Police | Local Police | MBTA Police | Campus Police | Other:

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p>At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p>Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # 363 Name of Roadway/Street MIDDLESEX AVE</p> <p>_____ Feet NSEW of _____ or _____</p> <p>Mile Marker _____ Exit Number _____</p> <p>_____ Feet NSEW of _____</p> <p>Route# _____ Intersecting Roadway/Street _____</p> <p>_____ Feet NSEW of _____</p> <p>Landmark _____</p>
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Please Select One of the Following: Vehicle **1** #Occupants Hit/Run Moped | Crash Report ID# **23-215-AC**

<p>License # _____ St MA DOB/Ag. _____</p> <p>Sex M Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator PEARCE, WILLIAM D</p> <p>Address 14 CEDARCREST RD</p> <p>City WILMINGTON State MA Zip 01887-4006</p> <p>Insurance Company GOVERNMENT EMPLOYEES INSU</p> <p>Vehicle Travel Direction: N S X W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 1YEH74 Reg Type PC Reg State MA</p> <p>Veh Year 2015 Veh Make NISSAN Veh Config. 1</p> <p>Owner PEARCE, WILLIAM D</p> <p>Address 14 CEDARCREST RD</p> <p>City WILMINGTON State MA Zip 01887-4006</p> <p>Vehicle Action Prior to Crash 2</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 1 25 25</p> <p>Driver Distracted by 0 26</p> <p>Damaged Area Code: 5 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 1 30</p> <p>Susp. Alcohol: 2 31 Susp. Drug: 2 32</p> <p>Towed from scene? 2 33</p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator		See Above	X	1	1	4	0	0	10	1	

Please Select One of the Following: Vehicle **2** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

<p>License # _____ St MA DOB/Ag. _____</p> <p>Sex F Lic. Class D Lic. Restrictions 20 CDL _____</p> <p>Operator SMITH, ORIANA MAY</p> <p>Address 42 WINIFRED AVE</p> <p>City WORCESTER State MA Zip 01602-2028</p> <p>Insurance Company FOREMOST INSURANCE COMPAN</p> <p>Vehicle Travel Direction: N S X W Responding to Emergency? 2</p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # 24A690 Reg Type PC Reg State MA</p> <p>Veh Year 2016 Veh Make Jeep Veh Config. 1</p> <p>Owner SMITH, ORIANA MAY</p> <p>Address 42 WINIFRED AVE</p> <p>City WORCESTER State MA Zip 01602-2028</p> <p>Vehicle Action Prior to Crash 1</p> <p>Event Sequence 1 23 23 23 23</p> <p>Most Harmful Event 1 24</p> <p>Driver Contributing Code 19 25 25</p> <p>Driver Distracted by 99 26</p> <p>Damaged Area Code: 1 27 27 27</p> <p>Test Status: 1 28</p> <p>Type of Test: 29</p> <p>BAC Test Result: 1 30</p> <p>Susp. Alcohol: 99 31 Susp. Drug: 99 32</p> <p>Towed from scene? 2 33</p>
---	--

Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist		See Above	X	1	99	99	0	0	99	1	

Date of Crash 07/13/2023 Time of Crash 1609 24HR City/Town **Wilmington** **Motor Vehicle Crash Police Report** Number Vehicles 2 Number Injured 0 Speed Limit 5 State Police Local Police MBTA Police Campus Police Other

AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1	Route#	Direction	Name of Roadway/Street	Route#	Direction	Address #	Name of Roadway/Street
	At			260 MAIN ST			
2	Route#	Direction	Name of Intersecting Roadway/Street	Feet	N S E W	of	Mile Marker
	Also at Intersection with			Feet	N S E W	of	Exit Number
3	Route#	Direction	Name of Intersecting Roadway/Street	Feet	N S E W	of	Route#
				Feet	N S E W	of	Intersecting Roadway/Street
Landmark							

Please Select One of the Following: Vehicle 1 Occupants Hit/Run Moped Crash Report ID# **23-216-AC**

1	License #	St	DOB/Age	Reg #	Reg Type	Reg State
2	Sex	Lic. Class	Lic. Restrictions	Veh Year	Veh Make	Veh Config.
3	Operator CHRISEMER, RICHARD MARTIN			Owner CHRISEMER, RICHARD MARTIN		
4	Address 33 JACQUITH RD			Address 33 JACQUITH RD		
5	City WILMINGTON State MA Zip 01887-2239			City WILMINGTON State MA Zip 01887-2239		
6	Insurance Company THE HANOVER INSURANCE COM			Vehicle Action Prior to Crash 3		
7	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2			Event Sequence 1 23 23 23 23		
8	Citation # (If Issued)			Most Harmful Event 1 24		
9	Viol. 1: Ch/Sec/Sub			Driver Contributing Code 6 25 25		
10	Viol. 2: Ch/Sec/Sub			Driver Distracted by 0 26		
11	Viol. 3: Ch/Sec/Sub			Driver Distracted by 0 26		
12	Viol. 4: Ch/Sec/Sub			Towed from scene? 2 33		

Please fill out for operator and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above			1	1	4	0	0	10	1	

1	Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 2 Occupants <input type="checkbox"/> Non-Motorist A Type 15 Action 16 Location 17 Condition 18 <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
2	License # St DOB/Age Reg # 496FT5 Reg Type PC Reg State MA
3	Sex Lic. Class Lic. Restrictions CDL Endorsement Veh Year 2021 Veh Make TOYOTA Veh Config. 1 21
4	Operator Driverless M.V. Owner NEWHOUSE LAW PC
5	Address Address 80 MAIN ST
6	City WILMINGTON State MA Zip 01887-3524
7	Insurance Company NGM INSURANCE COMPANY Vehicle Action Prior to Crash 11
8	Vehicle Travel Direction: <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? 2 Event Sequence 1 23 23 23 23
9	Citation # (If Issued) Most Harmful Event 1 24
10	Viol. 1: Ch/Sec/Sub Driver Contributing Code 1 25 25
11	Viol. 2: Ch/Sec/Sub Driver Distracted by 0 26
12	Viol. 3: Ch/Sec/Sub Towed from scene? 2 33
13	Viol. 4: Ch/Sec/Sub

Please fill out for operator/non-motorist and all occupants involved											
Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above			1							

Wilmington Police Department
Images Associated with 23-216-AC



AT INTERSECTION: < **LOCATION** > **NOT AT INTERSECTION:**

1 **193NB HWY**
 Route# Direction Name of Roadway/Street
 At
ROUTE 62 HWY
 Route# Direction Name of Intersecting Roadway/Street
 Also at Intersection with
 Route# Direction Name of Intersecting Roadway/Street

2 **11**
 Feet **NSEW** of _____ or _____ Mile Marker Exit Number
 Feet **NSEW** of _____ Route# Intersecting Roadway/Street
 Feet **NSEW** of _____ Landmark

Please Select One of the Following: Vehicle **12** #Occupants Hit/Run Moped
 Crash Report ID# **23-217-AC**

License _____ St **MA** DOB/Ag. _____ Reg # **1YPZ90** Reg Type **PC** Reg State **MA**
 Sex **F** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2012** Veh Make **CHEVROLET** Veh Config. **1** 21
 Operator **BAPTISTE, JUDITH ANN** Owner **BAPTISTE, CHRISTINE A**
 Address **34 HATHAWAY RD** Address **34 HATHAWAY RD**
 City **WILMINGTON** State **MA** Zip **01887-1524** City **WILMINGTON** State **MA** Zip **01887-1524**
 Insurance Company **SAFETY** Vehicle Action Prior to Crash **1** 22 Damaged Area Code: **1** 27 **2** 27 **8** 27
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **2** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **2** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **19** 25 **20** 25 BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **99** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **1** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator	See Above	XXXXXX	X	1	99	4	0	0	10	1	
				3	99	4	0	0	10	1	

Please Select One of the Following: Vehicle **22** #Occupants Non-Motorist A Type **15** Action **16** Location **17** Condition **18** Hit/Run Moped

License : _____ St **MA** DOB/Ag. _____ Reg # **T30054** Reg Type **CO** Reg State **MA**
 Sex **M** Lic. Class **D** 19 19 Lic. Restrictions **B** 20 CDL _____ Veh Year **2015** Veh Make **CHEVROLET** Veh Config. **97** 21
 Operator **MCINERNEY, BRIAN LAWRENCE** Owner **NEWBURYPORT FUELS**
 Address **229 LAKEVIEW AVE** Address **1 MASSACHUSETTS AVE**
 City **TYNGSBORO** State **MA** Zip **01879-1771** City **NEWBURYPORT** State **MA** Zip **01845**
 Insurance Company **FEDERATED MUTUAL** Vehicle Action Prior to Crash **2** 22 Damaged Area Code: **5** 27 **27** 27
 Vehicle Travel Direction: **NSEW** Responding to Emergency? **2** Event Sequence **1** 23 **23** **23** **23** Test Status: **1** 28
 Citation # (If Issued) _____ Most Harmful Event **1** 24 Type of Test: **29**
 Viol. 1: Ch/Sec/Sub _____ Driver Contributing Code **1** 25 **25** BAC Test Result: **1** 30
 Viol. 2: Ch/Sec/Sub _____ Driver Distracted by **0** 26 Susp. Alcohol: **2** 31 Susp. Drug: **2** 32
 Viol. 3: Ch/Sec/Sub _____ Towed from scene? **2** 33
 Viol. 4: Ch/Sec/Sub _____

Please fill out for operator/non-motorist and all occupants involved

Name (Last First Middle)	Address	DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist	See Above	XXXXXX	X	1	99	4	0	0	10	1	
JULIO MALDONADO	69 FROST RD DERRY, NH 03038		M	3	99	4	0	0	10	1	

Wilmington Police Department
Images Associated with 23-217-AC



Wilmington Police Department
Images Associated with 23-218-AC



Date of Crash 07/15/2023	Time of Crash 1402 24HR	City/Town Wilmington	Motor Vehicle Crash Police Report	Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u>	State Police <input type="checkbox"/>
						Latitude _____	Local Police <input type="checkbox"/>
						Longitude _____	MBTA Police <input type="checkbox"/>
							Other: <input type="checkbox"/>

AT INTERSECTION: < LOCATION > NOT AT INTERSECTION:

<p>Route# _____ Direction _____ Name of Roadway/Street _____</p> <p style="text-align: center;">At _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p> <p style="text-align: center;">Also at Intersection with _____</p> <p>Route# _____ Direction _____ Name of Intersecting Roadway/Street _____</p>	<p>Route# _____ Direction _____ Address # <u>271</u> Name of Roadway/Street <u>BURLINGTON AVE</u></p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ or _____</p> <p style="text-align: center;">Mile Marker _____ Exit Number _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>_____ Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p style="text-align: center;">Route# _____ Intersecting Roadway/Street _____</p> <p style="text-align: center;">Landmark _____</p>
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Please Select One of the Following: Vehicle 12 #Occupants Hit/Run Moped Crash Report ID# **23-219-AC**

<p>License # _____ St <u>MA</u> DOB/ / _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____</p> <p>Operator <u>SHAIKH, AKEEB</u></p> <p>Address <u>1 DONALD RD</u></p> <p>City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-1502</u></p> <p>Insurance Company <u>FARMERS PROPERTY & CASUAL</u></p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>113TC7</u> Reg Type <u>PC</u> Reg State <u>MA</u></p> <p>Veh Year <u>2010</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>SHAIKH, SAHID ABDUL</u></p> <p>Address <u>1 DONALD RD</u></p> <p>City <u>BURLINGTON</u> State <u>MA</u> Zip <u>01803-1502</u></p> <p>Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>7</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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Please fill out for operator and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator											
<u>RUKSANA SHAIKH</u>	<u>1 DONALD RD BURLINGTON, MA 01803</u>		<u>F</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

Please Select One of the Following: Vehicle 2 #Occupants Non-Motorist A Type 15 Action 16 Location 17 Condition 18 Hit/Run Moped

<p>Licens- _____ St <u>NH</u> DOB/A₁ _____</p> <p>Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>1</u> <u>20</u> CDL _____</p> <p>Operator <u>BRINGHURST, JOHN DOUGLAS</u></p> <p>Address <u>15 HARWICH CT</u></p> <p>City <u>MERRIMACK</u> State <u>NH</u> Zip <u>030543456</u></p> <p>Insurance Company _____</p> <p>Vehicle Travel Direction: <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Responding to Emergency? <u>2</u></p> <p>Citation # (If Issued) _____</p> <p>Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____</p> <p>Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____</p>	<p>Reg # <u>5153941</u> Reg Type <u>PC</u> Reg State <u>NH</u></p> <p>Veh Year <u>2020</u> Veh Make <u>TOYOTA</u> Veh Config. <u>1</u> <u>21</u></p> <p>Owner <u>BRINGHURST, JOHN DOUGLAS</u></p> <p>Address <u>15 HARWICH CT</u></p> <p>City <u>MERRIMACK</u> State <u>NH</u> Zip <u>030543456</u></p> <p>Vehicle Action Prior to Crash <u>3</u> <u>22</u> Damaged Area Code: <u>2</u> <u>27</u> <u>27</u> <u>27</u></p> <p>Event Sequence <u>1</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>1</u> <u>28</u></p> <p>Most Harmful Event <u>1</u> <u>24</u> Type of Test: <u>1</u> <u>29</u></p> <p>Driver Contributing Code <u>1</u> <u>25</u> <u>25</u> BAC Test Result: <u>1</u> <u>30</u></p> <p>Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>2</u> <u>31</u> Susp. Drug: <u>2</u> <u>32</u></p> <p>Towed from scene? <u>1</u> <u>33</u></p>
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Please fill out for operator/non-motorist and all occupants involved		DOB/Age	Sex	34 Seat Pos.	35 Safety System	36 Airbag Status	37 Eject Code	38 Trap Code	39 Injury Status	40 Transp. Code	Medical Facility
Operator/Non-Motorist											
<u>VICTORIA LACOUNT</u>	<u>75 LAKE ST TEWKSBURY, MA 01876-1756</u>		<u>F</u>	<u>3</u>	<u>1</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	

